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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700083373

1. Corporation Name

METROPOLITAN WHOLESALE GROCERS, INC.

Principal Place	e of Business	Mailing Address	vailing Address			à IMBIIMBE ILM IMIII (MDIS DDISI M	# (11 1 1 1 1 1 1 1 1 1		1 10885 1111 1681
1550 N.E. MIAMI GARDENS DRIVE		1550 N.E. MIAM! GARDENS DRIVE							
SUITE 305		SUITE 305		}	DO NOT WRITE IN THIS SPACE				
NORTH MIAMI BEACH FL 33179		NORTH MIAMI BEACH FL 33179		-	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed				
					3.	09/26/1997	•		:
a Principal Pl	lace of Business	2a. Mailing Address			4	FEI Number		A	pplied For
	lace of pusitiess	26			"	NOT APPLICABLE			lot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	Additional
22	., 5.5.	27			5.	Certifcate of Status Desired		Fee F	Required
City & State	e	City & State			6.	Election Campaign Financing		\$5.00	May Be
23		28			"	Trust Fund Contribution	' <u>[</u>	Added	to Fees
Zip	Country	Zip	Country	y	8.	This corporation owes the cur	rrent year Inta	angible	_
24	25	29	30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent				Name and Address of New	Registered	Agent	
			81	Name					
	EN, GENE S ESO.		82	Street	Address (i	P.O. Box Number is Not Accep	table)		
	N.E. MIAMI GARDENS DRIVE								
	E 305		83	3					
NOR	TH MIAMI BEACH FL 33179	•	84	City				85 Zip	Code
							FL		
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.1508, Florida Statut	tes, the abov	e-named	corporation	on submits this statement for the	e purpose of	changing it ntment as r	ls registered registered
office of re	registered agent, or both, in the State of the mailiar with, and accept the obligation	UI FIUIIUA. SUUII CHANGE WAS A	iulilonzed by	ing corb	oradion 5 b	data of allocations in the cost according	>bLL		- G
agent. I a	m tamiliar with, and accept the obliga-	tions of, Section 607.0505, Fig	onda Statute:	S.					
	m ramiliar with, and accept the obligat		onda Statute	s.					
agent. I a	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Registered Age	s.	required when	reinstating)	DATE	- DIDECT	ODE IN 42
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE	Registered Age	s.	required when				
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE	Registered Age 13. 1.1 TITLE	s. ent signature	required when	reinstating)		D DIRECT	
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered ager OFFICERS AN PD MINTZ, ROBERT	nt and title if applicable. (NOTE D DIRECTORS DELETE	E. Registered Age 13. 1.1 TITLE 1.2 NAME	s. ent signature	required when	reinstating)			
SIGNATURE 12. IIILE NAME STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PD MINTZ, ROBERT 1208 W NEWPORT CENTER DE	nt and title if applicable. (NOTE D DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ent signature ,	required when	reinstating)			
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AN PD MINTZ, ROBERT	nt and title if applicable. (NOTE D DIRECTORS DELETE R #100	13. 1.1 TITLE 1.2 NAME 1.3 STREE	s. ent signature ,	required when	reinstating)		☐ Change	e Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: